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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/424,321 11/07/2002 *ok**FHD*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE**FHD*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 03/12/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>FHD</i> Examiner's Signature _____ Initials _____	ICELAND	6	36	5

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## TITLE

Ankle-foot orthosis

FILING FEE  RECEIVED 1360	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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